

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90144 024 ****50.00

DOCUMENT # L03000029552

1. Entity Name
FCC FINANCING SUBSIDIARY I, LLC



Principal Place of Business
340 ROYAL POINCIANA, STE. 305
PALM BEACH, FL 33480

Mailing Address
340 ROYAL POINCIANA, STE. 305
PALM BEACH, FL 33480

24064177



2. Principal Place of Business
515 N. Flagler Dr.
Suite, Apt. #, etc.
Suite 700

3. Mailing Address
515 N. Flagler Dr.
Suite, Apt. #, etc.
Suite 700

04282004 Chg-LLC CR2E083 (10/03)

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number
20-0158009
☒ Applied For
☐ Not Applicable

Zip
33401
Country
US

Zip
33401
Country
US

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD, 40TH FLOOR
MIAMI, FL 33131-2310

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO, EVP
Mark Sunshine
515 N. Flagler Dr., Ste. 700
West Palm Beach, FL 33401

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark Hogard **Mark Hogard** 4/28/04 (405) 917-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #